

**APPLICATION DATA SHEET****Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:

Computer Readable Form (CRF)?:: No

Number of copies of CRF::

Title :: PERIVASCULAR WRAPS

Attorney Docket Number:: 110129.430

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure:: Figure 6

Total Drawing Sheets:: 10

Small Entity?: Yes

Petition included?: No

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?: No

**First Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	David
Middle Name::	M.
Family Name::	Gravett
Name Suffix::	
City of Residence::	Vancouver
State or Province of Residence::	BC
Country of Residence::	Canada
Street of mailing address::	616 West 21st Avenue
City of mailing address::	Vancouver
State or Province of mailing address::	BC
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	V5Z 1Y8

**Second Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Philip
Middle Name::	M.
Family Name::	Toleikis
Name Suffix::	
City of Residence::	Vancouver
State or Province of Residence::	BC
Country of Residence::	Canada
Street of mailing address::	8011 Laburnum Street

City of mailing address:: Vancouver  
State or Province of mailing address:: BC  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: V6P 5N8

### Third Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Dechi  
Middle Name::  
Family Name:: Guan  
Name Suffix::  
City of Residence:: Vancouver  
State or Province of Residence:: BC  
Country of Residence:: Canada  
Street of mailing address:: 8363 Shaughnessy Street  
City of mailing address:: Vancouver  
State or Province of mailing address:: BC  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: V6P 3Y1

### Fourth Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: France  
Status:: Full Capacity  
Given Name:: Pierre  
Middle Name:: E.

Family Name:: Signore  
Name Suffix::  
City of Residence:: Vancouver  
State or Province of Residence:: BC  
Country of Residence:: Canada  
Street of mailing address:: #207 – 2155 West 7th Avenue  
City of mailing address:: Vancouver  
State or Province of mailing address:: BC  
Country of mailing address:: CANADA  
Postal or Zip Code of mailing address:: V6K 1X9

**Fifth Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Thomas  
Middle Name:: S.  
Family Name:: Spencer  
Name Suffix::  
City of Residence:: Bellingham  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 3232 Eagle Ridge Way  
City of mailing address:: Bellingham  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98226

**Sixth Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canadian  
Status:: Full Capacity  
Given Name:: William  
Middle Name:: L.  
Family Name:: Hunter  
Name Suffix::  
City of Residence:: Vancouver  
State or Province of Residence:: BC  
Country of Residence:: Canada  
Street of mailing address:: 4444 West 15th Avenue  
City of mailing address:: Vancouver  
State or Province of mailing address:: BC  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: V6R 3B2

**Seventh Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Kaiyue  
Middle Name::  
Family Name:: Wang  
Name Suffix::  
City of Residence:: Vancouver  
State or Province of Residence:: BC  
Country of Residence:: Canada  
Street of mailing address:: 103-1005 East Broadway

City of mailing address:: Vancouver  
State or Province of mailing address:: BC  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: V5T 1Y5

**Correspondence Information**

Correspondence Customer Number :: **00500**

**Representative Information**

Representative Customer Number::		<b>00500</b>
----------------------------------	--	--------------

**Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/414,714	09/26/02
This Application	An application claiming the benefit under 35 USC 119(e)	60/414,693	09/27/02

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee name::	Angiotech Pharmaceuticals, Inc.
Street of mailing address::	1618 Station Street
City of mailing address::	Vancouver
State or Province of mailing address::	BC
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	V6A 1B6

419675 [9/19/01]